

ALPHONSA COLLEGE, PALA
Consultancy/Internship Proposal Form

1. BASIC INFORMATION OF CLIENT	
Name of Applicant	
Department	
Contact Details	
Phone:	
Email:	
Type of Consultancy	<input type="checkbox"/> Individual <input type="checkbox"/> Institutional
2. CLIENT / ORGANIZATION DETAILS	
Name of Organization / Client	
Address	
Contact Person Name:	
Phone:	
Email:	
3. CONSULTANCY-RELATED DEPARTMENT / FACULTY DETAILS	
Department	
Faculty Involved	
Role / Contribution	
Contact Details	
Phone:	
Email:	

4. TITLE OF CONSULTANCY WORK:	
5. SCOPE & DESCRIPTION OF WORK: (Brief description of work, methods, expected outcomes)	
6. DURATION:	
Start Date:	
End Date:	
Total Duration:	
6. RESOURCE REQUIREMENTS:	College resources required (if any): <input type="checkbox"/> Laboratory space <input type="checkbox"/> Equipment <input type="checkbox"/> Consumables <input type="checkbox"/> Technical staff support <input type="checkbox"/> Software / Computers <input type="checkbox"/> Others
7.:FINANCIALS, DELIVERABLES & APPROVALS CONSULTANCY CHARGES / BUDGET (INVOICE)	
Professional Charges	
Laboratory Charges	
Equipment Usage	
Consumables	
Miscellaneous	
Taxes	
Total	
8. RISK, ETHICS & COMPLIANCE:	Does the consultancy involve: <input type="checkbox"/> Human subjects <input type="checkbox"/> Animal subjects <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fieldwork in sensitive locations If yes, provide details and approvals required
9. REVENUE SHARING (AS PER CONSULTANCY POLICY)	
Faculty Consultant(s):	
Department / Laboratory	

Institution / Management:	
10. Signatures	
Client (s)	<i>I/We hereby acknowledge that I/We have read and understood the Consultancy Policy of Alphonsa College, Pala, and agree to abide by all the terms, conditions, rules, and codes of conduct prescribed therein.</i>
Faculty Consultant(s)	
Head of Department (HOD)	
IQAC Coordinator/Research Coordinator	
Principal	
Views of the Manager	

CONSULTANCY/ INTERNSHIP COMPLETION REPORT

Title of Consultancy	
Consultant(s)	
Department	
Name of Client	
Organization of Client	
Period (From–To)	Start Date: End Date:
Outcomes / Deliverables	
Date of Completion	
Revenue Generated (₹)	

Remarks	
Signatures:	
Client (s)	
Faculty Consultant(s)	
Head of Department (HOD)	
IQAC Coordinator/Research Coordinator	
Principal	